

Cds (Midlands) Limited

# Complete Dental Bearwood

## Inspection Report

623 Bearwood Road  
Smethwick  
West Midlands  
B66 4BL

Tel: 01214291000

Website: [www.completedentalbearwood.co.uk](http://www.completedentalbearwood.co.uk)

Date of inspection visit: 23 January 2018

Date of publication: 12/03/2018

### Overall summary

We carried out this announced inspection on 23 January 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

We found that this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this practice was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this practice was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this practice was providing well-led care in accordance with the relevant regulations.

##### **Background**

Complete Dental - Bearwood is in Smethwick and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available at the front of the practice but are time limited, other parking is available near the practice in a pay and display car park or local side roads.

The dental team consists of eight dentists (including the principal dentist), six dental nurses (including the

# Summary of findings

assistant manager), one dental hygienist, one receptionist and the practice manager. There are six treatment rooms, three on the ground floor and three on the first floor of the practice.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Complete Dental Bearwood is the principal dentist.

On the day of inspection we received feedback from 32 patients and this information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses, the dental hygienist, the receptionist, the assistant manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Friday 8.45am to 5.30pm. The practice does not close at lunchtime.

## Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance. Issues were identified during the decontamination process which were discussed with staff at the time. Following this inspection the practice manager forwarded information to staff regarding hand washing during the decontamination process.
- Staff knew how to deal with emergencies. Some items of life-saving equipment were missing but these were ordered during the inspection.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines although basic periodontal examination scores were not recorded on patient records on each occasion.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

There were areas where the provider could make improvements. They should:

- Review the practice's system for documentation of actions taken, and learning shared, in response to accidents and incidents with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had some systems and processes to provide safe care and treatment. Accidents and incidents were recorded in an accident book. Staff were not always recording action taken or follow up action. There was no evidence that the practice used learning from accidents and incidents to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments although staff did not wash their hands during the decontamination procedure we observed. Since this inspection staff have been given further guidance regarding this.

The practice had suitable arrangements for dealing with medical and other emergencies. Some missing items of equipment were purchased on the day of inspection.

No action



### Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, efficient and effective. The dentists discussed treatment with patients so they could give informed consent; this was not always recorded in patient records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



### Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 32 people. Patients were positive about all aspects of the service the practice provided. They told us staff were excellent, friendly and polite. They said that they were given detailed, helpful explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



# Summary of findings

## Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to face to face interpreter services. The practice had access to information to help patients with sight loss and were able to print off documents for patients in large print. The practice did not have a hearing loop.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



## Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept patient dental care records which were, clearly written or typed and stored securely. Basic periodontal examination scores were not recorded on each occasion in patient records.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action





# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. We saw that the practice had a separate accident record book and incident reporting forms. Not all accident records contained evidence of action taken at the time of the accident or follow up action. The practice was not following their procedure which required detailed information to be recorded.

Staff told us that there had been no incidents or events at the practice. We saw that the accident record book also recorded incidents at the practice. Examples of potential incidents were discussed with the practice manager and we were assured that systems would be amended to ensure that any future incidents would be documented for learning purposes. There was no documentary evidence to demonstrate that the practice recorded, responded to and discussed all accidents and incidents to reduce risk and support future learning.

The practice received some national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference. We were shown the recent alert received at the practice dated December 2017. The practice manager confirmed that they had not received any alerts since this date. The practice manager confirmed that they would register with the MHRA to receive these alerts and following this inspection we received evidence to demonstrate that the required action had been taken.

### Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The practice manager was the lead for safeguarding. Staff we spoke with were aware of this and said that they could raise any safeguarding concerns with the practice manager or assistant manager. The practice

manager confirmed that support was available from head office if required. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination. Staff said that they could report concerns to the group manager if they did not want to raise them with management at the practice.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. Not all of the dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. One dentist we spoke with was not fully aware of the purpose of the rubber dam. Patient records did not demonstrate that a rubber dam had been used. Within two days of this inspection we received a copy of documentation given to all dentists regarding the use of rubber dam. Staff had signed to confirm that they had received and understood the information.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice. A copy of this was not available off the premises. The practice manager confirmed that they would send a copy to their Head Office to enable staff access to this if they were unable to access the practice.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

The majority of emergency equipment and medicines were available as described in recognised guidance. Missing items such as a self-inflating bag with reservoir was ordered during the inspection. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. Following discussions with the assistant manager, changes were made to the frequency of checks made on the defibrillator.

Glucagon was stored in the fridge but the temperature was not monitored to ensure it remained within the



## Are services safe?

recommended parameters. During the inspection the assistant manager purchased a fridge thermometer and developed a daily log that would be used to record the fridge temperature.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at two staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. For example the practice had risk assessments covering a hepatitis B non-responder, trainee dental nurse, environmental, health and safety, and legionella. Some information was required to be recorded in the environmental risk assessment and we were told that this would be completed immediately.

The practice had an automatic fire alarm system; we saw records which demonstrate that this was serviced regularly. A fire risk assessment had been completed and was being reviewed on a regular basis. The assistant manager completed weekly routine checks of the fire system. The assistant manager was able to describe what these checks entailed. There was no written information for staff to enable them to complete these checks. The assistant manager confirmed that they would document the tasks to be completed immediately. There had been no fire drills during 2017 but we were told that all staff had completed fire training and we saw training information to demonstrate this.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists when they treated patients. We were told that the dental hygienist did not work with chairside support unless they were completing quadrant scaling or six point charting. We were told that systems were in place to ensure the hygienist received

support if required. For example staff assisted with decontamination of used dental instruments or the assistant manager, who was also a registered dental nurse, could provide assistance.

### Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had a decontamination room on the ground floor. Instruments from treatment rooms on the ground floor were sterilised in this room. Instruments used in the treatment rooms on the first floor were sterilised in the treatment room.

We observed one staff member carrying out the decontamination process from start to finish in the decontamination room. We noticed that they did not wash their hands during the decontamination process. There was only one sink in the decontamination room and staff used removable bowls to scrub and rinse instruments. We were told that staff would either wash their hands in the dental treatment room prior to commencing the decontamination process or would remove the bowls and wash their hands in the sink in the decontamination room. Following this inspection we were forwarded a copy of some newly developed instructions for carrying out hand washing during the decontamination procedure. Staff had signed documentation to demonstrate that they had read and understood these instructions.

Neither the decontamination room or treatment rooms had clearly designated dirty or clean areas and we also noted that there was no obvious flow of instruments from dirty to clean in the decontamination room. Following this information we received confirmation from the practice manager that all staff had been spoken with in regards to hand washing and dirty and clean zones in each treatment room. We were informed that areas within treatment rooms had been labelled to identify dirty and clean zones.

Records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.



## Are services safe?

The practice carried out an infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment which was completed in September 2016 and due for review in September 2018.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual. We discussed the storage of cleaning equipment with the assistant manager and were told that changes would be made to ensure compliance with guidance.

We discussed clinical waste with the assistant manager and looked at the storage facilities for clinical waste. We saw that the clinical waste bin had been left open and unlocked. We were told that this was left open during the daytime and locked at night. Following this inspection we received confirmation that staff had been reminded of the importance of ensuring that the clinical waste bin is locked at all times.

### Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice's system for the identification and disposal of expired dental materials needed to be more effective as we identified some dental materials that were out of date.

These were disposed of immediately once we brought this to the attention of staff. Within two working days, the provider informed us the expired materials had been replaced and a monthly check log has been implemented. Staff had signed documentation to demonstrate that they had received the check log and would implement monthly checks.

The practice's system for storage and recording of NHS prescriptions was not effective. We saw some prescriptions which had been pre-stamped prior to use, staff were not signing to demonstrate when prescription pads had been taken from storage and we identified prescriptions that had gone missing. These were found during the inspection. The practice did not keep a sufficient log of prescription numbers and did not complete any audits regarding this. We were told that systems would be implemented to ensure prescription pads were securely stored and logged.

### Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.





# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The practice kept dental care records containing some information about the patients' current dental needs, past treatment and medical histories. Some of the dentists assessed patients' treatment needs in line with recognised guidance. We reviewed some patient dental care records and saw that not all records contained information regarding basic periodontal examination score.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

### Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. Free samples of toothpaste were available for patients.

### Staffing

Staff new to the practice had a period of induction. Records seen and discussions with staff demonstrated that this was a basic orientation to the practice. The assistant manager told us that newly employed staff shadowed existing experienced staff and were subject to a 12 month period of review before their permanent position at the practice was confirmed. The assistant manager confirmed that they would develop documentation to demonstrate that a structured induction programme was completed by staff. Within two days of this inspection we received a copy of a

newly implemented competency assessment sheet and information regarding competency assessment of newly employed staff which will include weekly, monthly and then three monthly reviews prior to confirmation of employment.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals. The practice supported staff to complete training appropriate to their role, although there were no personal development plans for staff.

On the day of inspection a dental nurse from an agency was working at the practice. We were told that this nurse worked at the practice on a regular basis. The practice manager confirmed that they were currently trying to recruit a member of staff.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. However consent was not always noted in patient dental care records. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Not all of the dentists we spoke with understood their responsibilities under the Mental Capacity Act 2005 (MCA) when treating adults who might not be able to make informed decisions. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Dentists were aware of the guidelines relating to competency principles when treating any young person





## Are services effective?

(for example, treatment is effective)

aged under 16 years. Within two days of this inspection the practice manager had issued a copy of the practice's MCA policy, staff had been advised to complete a training course regarding the MCA and provide evidence to the practice manager within a week.



## Are services caring?

### Our findings

#### **Respect, dignity, compassion and empathy**

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were polite, efficient and friendly. We saw that staff treated patients respectfully, in a kind and caring manner and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients also commented that dentists made them feel at ease. Staff said that they took their time and chatted to nervous patients, these patients were offered a longer appointment if needed. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

There were magazines and a television in the waiting room and music could be played in the treatment room.

#### **Involvement in decisions about care and treatment**

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as crowns, bridges, veneers and inlays.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice. Several patients said that it was easy to get an appointment and staff always tried to accommodate their needs regarding appointment times.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that at the time of our inspection they had some patients for whom they needed to make adjustments to enable them to receive treatment. They shared examples of how they managed patients with physical disabilities.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived. Occasionally appointments were made during lunchtime for extremely anxious patients to ensure the waiting room was empty.

Staff told us that they sent text reminders or telephoned patients before their appointment as a reminder.

### Promoting equality

The practice made some reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails and a call bell which was available on the ground floor of the practice. The practice welcomed patients with hearing impairments but no hearing induction loop was available. Staff discussed the ways in which they communicated with patients with hearing impairments.

Staff said they could provide information in different formats to meet individual patients' needs. Written information was available in large font size upon request for patients with visual impairments. Staff confirmed that they had access to interpreter/translation services but had

not used this service recently. Staff did not know how they could contact British Sign Language and braille services. The practice manager said that this information was available to staff.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept some appointments free for same day appointments. When these appointments were booked patients would be offered a sit and wait appointment on the same day as their call to the practice. They took part in an emergency on-call arrangement with some other local practices. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. This information was also available on the practice leaflet.

We looked at comments, compliments and complaints the practice had received within the last 12 months. An acknowledgement letter offering an apology was always sent to the complainant. All details were held in a complaint log. Information we viewed showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.



# Are services well-led?

## Our findings

### Governance arrangements

The practice manager was responsible for the management and day to day running of the service and the assistant manager was responsible for the clinical leadership. The principal dentist and management from head office provided support to staff as required. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. The practice manager was responsible for the regular review and update of policies, procedures and risk assessments. Documentation we saw had been subject to regular review. Copies of the most relevant procedures were available to staff in a folder in each treatment room. Staff had access to all procedures in the practice manager's office.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. Complaints information we saw and discussion we had with staff demonstrated this. Staff said that they always offered an apology when things had gone wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager and the assistant manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us that both the practice and assistant manager were approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Separate meetings were held for dentists, dental nurses and reception staff. Immediate discussions were arranged to share urgent information. Memorandums were sent to all staff to confirm any urgent information; this helped to ensure that all staff received this information in a timely manner.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses had annual appraisals. They discussed learning needs and general wellbeing. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so. Although they had completed training, dental staff we spoke with were not aware of the requirements of the Mental Capacity Act (MCA) 2005 and their responsibilities under the Act as it related to their role.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice used verbal comments to obtain staff and patients' views about the service. Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Results of the FFT were on display on the noticeboard in the ground floor waiting room. The latest results showed that 100% of patients who responded (28) would recommend this dental practice.